

Health Disparities Reduction and Minority Health **Minority Health Month Overview**

The Michigan Department of Community Health (MDCH), Division of Health, Wellness and Disease Control (DHWDC), Health Disparities Reduction and Minority Health (HDRMH) Section and the Check Up or Check Out (CUCO) African American Male Health Initiative will sponsor collaborative events that recognize April 2010 as National Minority Health Month. Minority Health Month will provide the opportunity to focus on empowering minority male populations (African American, American Indian, Arab American/Chaldean, Asian American and Hispanic/Latino) to adopt a more active role in their personal health and healthcare and to raise awareness of the community level factors that impact health. MDCH will recognize the national Minority Health Month theme **“MAN UP FOR YOUR HEALTH! HEALTHY MEN MOVE OUR COMMUNITIES FORWARD”** adopted by the U.S. Department of Health and Human Services, Office of Minority Health.

The Michigan Department of Community Health is currently soliciting applications throughout the state from Community- and Faith-based Organizations, Tribal Councils, Local Health Departments, Community Health Centers and other entities that can demonstrate experience and relationships in organizing culturally competent, health related forums and events that bring due attention to the issues of minority male health. In Michigan, American Indians, African Americans and Arab Americans experience higher rates of diabetes and heart disease than do Whites. Also, African Americans, American Indians, Asian Americans and Hispanics consistently report lower rates of medical insurance coverage than do their White counterparts in Michigan. These and other statistics lend evidence that attention to this matter is long overdue.

The overall goal of the 2010 “Man Up for Your Health” month is to increase awareness of the importance of minority male health as integral to family and community wellbeing. The objectives of the sponsored events are to increase knowledge/awareness related to: 1) minority men’s health issues, 2) individual and community level factors that affect health, 3) culturally and linguistically appropriate approaches to men’s health improvement, and 4) the importance of regular preventative health visits and screenings.

**THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DIVISION OF HEALTH, WELLNESS AND DISEASE CONTROL
HEALTH DISPARITIES REDUCTION/MINORITY HEALTH SECTION**

REQUEST FOR PROPOSAL (RFP)

I. Request for Proposal

The Health Disparities Reduction and Minority Health Section (HDRMH) is the coordinating body of the Michigan Department of Community Health (MDCH) for health disparities related issues in the state of Michigan. The HDRMH Mini-Grant Program is designed to support activities to increase education and awareness of disparate minority health outcomes. This will be accomplished by providing funding to organizations with demonstrated capacity to conduct culturally and linguistically competent programming that focuses on improving minority male health.

II. Eligible Applicants

The HDRMH Mini-Grant Program invites proposal to: 1) Provide overall coordination of health related forum/events that focus on Minority Male Health in collaboration with MDCH and host organizations, 2) Collaborate with MDCH in the planning process for the male health related forum/events, 3) Participate in 1-Hour Conference Call on February 1, 2010. The purpose of the conference call is to orientate Minority Health Month Grant applicants of MDCH/HDRMH expectations regarding proposed programming. 4) Implement planned activities with a focal point of increasing the knowledge/awareness of minority men's health issues, of individual and community level factors that affect health, of culturally and linguistically appropriate approaches to men's health improvement, and of the importance of regular preventative health visits and screenings.

III. Eligibility Criteria

Eligible entities applying for this mini-grant must comply with the following: 1) Document a minimum of three years of experience organizing/ hosting health fair related forums/events, 2) Demonstrate cultural and linguistic competence in working with one or more of the five racial/ethnic populations that the MDCH/HDRMH is mandated to serve (African American, American Indian/Native American, Arab American/Chaldean, Asian American and Hispanic/Latino), 3) If a non-profit organization, provide documentation under section 501(C) 3 of the Internal revenue code, and (4) If applicable, provide documentation of the eligibility to claim Indirect Cost within the program budget summary.

IV. Scope of Work

Funded Entities will be responsible for the following:

- a. Document organizational and staff experience/cultural and linguistic competence in working with the identified population.
- b. Work with HDRMH staff to conduct Minority Male Health focused forums and/or events.
- c. Work with HDRMH staff to identify programming that will identify health risks, increase knowledge, and encourage empowerment as it relates to minority male health improvement.
- d. Secure trained, certified providers to conduct screenings such as cholesterol, blood pressure, blood glucose, body mass index, stress, and prostate cancer during the male health related event.
- e. Ensure appropriate and timely follow up and referral of all screened participants with abnormal readings.
- f. Develop/disseminate marketing materials that are culturally/linguistically/population specific in an effort to reach the identified target population to ensure broad community participation.

- g. Secure event appropriate venue/location and supply required audio/visual and other equipment needed to implement the project.
- h. Provide completed project report and evaluation with final invoice for payment.

V. Funds Available

HDRMH will award up to 50 mini-grants.

Applicants for the Minority Health Month Mini-Grants may apply as one of the following:

- a. ***Kick-Off Event Host:*** Organizations applying as a kick-off event host must show evidence of collaboration to include representation from each of the five racial /ethnic populations MDCH/HDRMH is mandated to serve. (African American, American Indian/Native American, Arab American/Chaldean, Asian American and Hispanic/Latino). Kick-off event host may apply for funding up to \$10, 000 and the proposed event must take place on April 1, 2010.
- b. ***Lead Organization:*** Award determined by number of proposed events not to exceed a maximum of five events or award of up to \$10, 000. Lead organizations must show evidence of collaboration with a variety of community organizations that provide services to one or more of the target populations.
- c. ***Single Event Host:*** Maximum award up to \$1,500.00

The proposed activities must be implemented within the two-month project period March 22, 2010 through May 29, 2010. March will be designated as the planning phase of the project. Implementation of project activities will begin on 4/2/2010 and all project activities will conclude by 5/29/2010. An initial contractor invoice may be submitted to the following address no later than 3/16/2010 that identifies estimated expenditures up to 50 percent of grant award to cover initial project start up cost:

Patrick Jackson
Michigan Department of Community Health
Division of Health Wellness and Disease Control
Cadillac Place
Health Disparities Reduction and Minority Health
3056 W. Grand Boulevard, Suite 3-150
Detroit, Michigan 48202

Reimbursement from the Southeastern Michigan Health Association (SEMHA) is based on the understanding that funds will be paid up to the total allocation as agreed to in the approved budget utilizing SEMHA contractor invoices. Invoices are to be submitted by the Contractor to the Program. The invoices will be approved by the Program and will be in sufficient detail to provide the Agency with necessary information for payment for the proper performance of services. Payments regarding this project will be made in two installments; an initial installment (prior to start of project to cover start up fees) and a final installment (following submission of final invoice that reflects total actual program expenditures.)

VI. Application Requirements

- a. Completed **Grant Cover Sheet** which contains the following:
 - 1. Organization Name,
 - 2. Contact Person(Name, address, phone/fax number, email address),
 - 3. Region/County Represented

b. Project Narrative

(See project narrative below). Narrative should be no more than three pages **NOT** including the budget/ budget justification pages

c. Budget/ Budget Justification

Budgets expenditures may include: wages & salaries, fringe benefits, travel cost, supplies/materials, contractual and equipment cost. Expenditures classified as “other” must be clearly defined in the budget justification and may **NOT** exceed **10%** of total project expenditures.

d. Copy of the Organizations 501 (C) 3 documentation, if applicable

e. Documentation of Indirect Cost Approval Eligibility, if applicable

Indirect costs which are not supported by acceptable documentation will not be paid until acceptable documentation is received by the Department. Administrative cost distributions which are not supported by an acceptable indirect cost rate should not be budgeted and will not be reimbursed. Agencies should be advised to apply the administrative costs to the appropriate budget category or remove them from the budget.

VII. Project Narrative Template: Narrative should be no more than three pages **Not** including the budget pages. Narrative should be typed in 12-point font (Times New Roman, Arial, Courier are traditional font formats) and should contain the following:

1. Organizational description and history including: leadership, capacity and experience working in the communities and with one or more of the five target racial/ethnic populations, and outline recent experience in conducting health related forums/events.
2. Describe skills, experience and training of staff included in project to include:
 - a. Cultural and Linguistic Competency Training
 - b. Multi-Lingual Fluency
3. Please document on included form, information relating to any Subcontracts and/or Partnerships/collaborations that will be required to conduct health related forums/events.
4. Submit a timeline for the completion of tasks and activities.
5. Discuss how you will monitor expenditures related to the project.

VIII. Selection Process

Proposals submitted to the Division of Health, Wellness and Disease Control, Health Disparities Reduction and Minority Health Section in response to this RFP will be reviewed utilizing an Objective Review Panel (ORP). A selection review committee will be appointed by the HDRMH Section Manager and will be comprised of individuals who have expertise and experience in relevant areas. Reviewers will be required to disclose any potential conflict of interest, and review assignments will be made in light of the information received regarding a potential conflict of interest by a reviewer. All proposals will be scored by reviewers according to pre-established scoring criteria. Scoring criteria will be responsive to the requirements of this RFP mini-grant. The relative weight that each component of the proposal will receive in the review process is described below. Decisions will be based on the following criteria:

| | |
|--------------------------------------|------------------|
| Organization Background/Experience: | 20 |
| Project Description: | 40 |
| Collaborations/Partnerships: | 20 |
| <u>Budget/ Budget Justification:</u> | <u>20</u> |
| Total Possible Points: | 100 |

MDCH/HDRMH reserves the right to consider additional criteria in to ORP scores in making final decisions regarding programming and award levels. Other criteria which may be utilized for consideration may include, but is not limited to: resource availability, agency capacity, past performance of the applicant in contract implementation (e.g. progress toward reaching objectives, success in targeting and compliance with contractual obligations), and other factors relevant to addressing changing needs and priorities. MDCH/HDRMH reserves the right to require an applicant to participate in an oral presentation of the scope of work to obtain clarification of ideas presented in the application. In the event an applicant is required to participate in an oral presentation, the applicant will receive a written notification of request from MDCH/HDRMH.

MDCH/HDRMH will make all final funding and allocation decisions and reserves the right to determine the relative proportion of the overall award devoted to the specific target population. Criteria used in making these decisions include those listed above as considered in making final decisions regarding programming and award level.

IX. Proposal Submission

Please submit applications **no later than 5:00 p.m. EST on February 22, 2010.** Copies must be received by mail, recognized Carrier or hand delivered

Late or emailed proposals will not be considered.

All correspondence should be directed to:

Patrick Jackson
Michigan Department of Community Health
Division of Health Wellness and Disease Control
Health Disparities Reduction/ Minority Health Section
Cadillac Place
3056 W. Grand Boulevard, Suite 3-150
Detroit, Michigan 48202
Telephone: (313) 456-4417
Facsimile: (313) 456-4427
E-mail: jacksonp@michigan.gov

X. Important Dates/ Timeline:

1/22/10.....RFP Distribution
1/29/10.....Due Date for Letter of Intent to Apply
2/22/10.....Application Deadline
3/12/10..... Award Notification
3/16/10.....Submission of initial contract invoice
3/22/10.....Project Start Date
5/29/10.....Project End Date
6/9/10.....Final contract invoice Due Date

XI. List of Attachments

MDCH requests that Minority Mini-Grant Event host show evidence of collaborations/ partnerships in the coordination and implementation of Minority Health Month events. The following document is included for your convenience:

- (1) Proposal Cover Sheet**
- (2) Collaboration/Partnership Information Sheet**

**Health Disparities Reduction/ Minority Health Section
Minority Health Month Mini-Grant**

Proposal Cover Sheet

Legal Name of Applying Organization _____

Address: _____

(If using Post Office Box, a physical street address must also be used)

City: _____, Michigan Zip: _____ County: _____

Agency Telephone: (_____) _____ Fax #: (_____) _____

Federal Tax Identification #: _____

Executive Director: _____ Phone: _____

E-mail: _____

Project Manager: _____ Phone: _____

E-mail: _____

Fiscal Officer: _____ Phone: _____

Email: _____

Please indicate the racial/ethnic group(s) for which your organization will identify as the target population for your project. ***Check all that apply:***

___ African American ___ Asian American/ Pacific Islander ___ Arab American/Chaldean

___ Hispanic/ Latino ___ Native American/ American Indian

Service Area/ Geographical Location- Please identify the primary community(s) to be served by your project:

Program Budget Request Amount: _____

Applying as: ☐ **Kick-Off Event** ☐ **Lead Organization** ☐ **Single Event Host**

Signature of Executive Director

Date

Print/ Type Name and Title

Signature, Authorized Representative

Date

Print/ Type Name and Title

**Health Disparities Reduction/ Minority Health Section
Minority Health Month Mini-Grant
Collaborations/Partnership Documentation Sheet**

Note: List all agencies that will be involved in a collaborative capacity with your Minority Health Month Event.

Host Agency: _____

Collaborative Agency Information:

Name: _____ Title: _____

Agency Name: _____

City: _____, Michigan ZIP: _____ County: _____

Agency Telephone #: (____) _____ Fax: (____) _____

E-mail address: _____

Collaborative Agency Information:

Name: _____ Title: _____

Agency Name: _____

City: _____, Michigan ZIP: _____ County: _____

Agency Telephone #: (____) _____ Fax: (____) _____

E-mail address: _____

Collaborative Agency Information:

Name: _____ Title: _____

Agency Name: _____

City: _____, Michigan ZIP: _____ County: _____

Agency Telephone #: (____) _____ Fax: (____) _____

E-mail address: _____

Use Additional Sheets if Needed